

Larynx Other**Laryngeal Cartilage, Overlapping Lesion of Larynx, and Larynx, NOS (excluding Malignant Melanoma)****C32.3, C32.8-C32.9****C32.3 Laryngeal cartilage****C32.8 Overlapping lesion of larynx****C32.9 Larynx, NOS****Note:** AJCC 7 TNM staging will be derived for primary site codes of C32.8 and C32.9 only**Larynx Other****CS Tumor Size****See Standard Table****Larynx Other****CS Extension**

Note 1: Impaired vocal cord mobility may be described as vocal cord paresis, and may suggest invasion of intrinsic laryngeal muscle. Fixation of the vocal cord may be described as immobility of the arytenoids noted on endoscopy, paralysis of the vocal cords, or deviation of larynx to the fixed side.

Note 2: Use code 450 for localized tumor only if no information is available to assign codes 100 through 400.

Note 3: Use code 375, 630, 775, 810, or 815 if the physician's assignment of T category is the only information available about the extent of the tumor.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ, intraepithelial, noninvasive	Tis	Tis	IS	IS
100	Invasive tumor confined to site of origin Stated as T1 with no other information on extension	T1	T1	L	L
200	Tumor involves more than one subsite of supraglottis or glottis WITHOUT fixation or NOS	T2	T2	L	L
300	Tumor involves adjacent regions(s) of larynx	T2	T2	L	L
350	Impaired vocal cord mobility	T2	T2	L	L
375	Stated as T2 with no other information on extension	T2	T2	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
400	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 410, 630 Tumor limited to larynx WITH vocal cord fixation Stated as T3 with no other information on extension	T3	T3	L	L
410	Tumor limited to larynx WITH vocal cord fixation	T3	T3	L	L
450	Localized, NOS	T1	T1	L	L
500	Invasion of inner cortex of thyroid cartilage	T3	T3	RE	RE
600	Base of tongue Hypopharynx, NOS Postcricoid area Pre-epiglottic tissues Pyriform sinus (pyriform fossa) Vallecula	T3	T3	RE	RE
630	Stated as T3 with no other information on extension	T3	T3	L	L
680	Extension to/through cricoid cartilage and thyroid cartilage (See code 500)	T4a	T4a	RE	D
700	Extension to/through: Cervical esophagus Deep extrinsic muscle(s) of tongue Strap muscle(s): Omohyoid Sternohyoid Sternothyroid Thyrohyoid Oropharynx Skin	T4a	T4a	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
700 cont'd	Soft tissues of neck Thyroid gland Trachea	T4a	T4a	D	D
775	Stated as T4a with no other information on extension	T4a	T4a	RE	RE
800	Further contiguous extension, including: Carotid artery (encased) Mediastinal structures Prevertebral space	T4b	T4b	D	D
810	Stated as T4b with no other information on extension	T4b	T4b	D	D
815	Stated as T4 [NOS] with no other information on extension	T4NOS	T4NOS	RE	RE
950	No evidence of primary tumor	T0	T0	U	U
999	Unknown; extension not stated Primary tumor cannot be assessed Not documented in patient record	TX	TX	U	U

Larynx Other**CS Tumor Size/Ext Eval**

See Standard Table

Larynx Other**CS Lymph Nodes**

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Rules, Section 2.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, levels involved, and location of involved nodes above or below the lower border of the cricoids cartilage) is coded in CS Site-Specific Factors 1, 3-9.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Note 4: For head and neck cancers, if lymph nodes are described only as "supraclavicular", try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. If the specific level cannot be determined, consider them as Level V nodes.

Note 5: The description of lymph nodes has been standardized across the head and neck schemas. All lymph node levels and groups listed here are considered regional nodes for AJCC staging. Summary Stage 1977 and Summary Stage 2000 divide these nodes into regional and distant groups.

Note 6: Level III and Level IV nodes have been moved from code 100 in CS Version 1 to code 110. Mandibular nodes are included with Facial nodes.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	N0	NONE	NONE
100	Single positive ipsilateral regional node: Level II - Upper jugular: Jugulodigastric (subdigastric) Upper deep cervical Level IIA - Anterior Level IIB - Posterior Level VI - Anterior compartment group: Laterotracheal Paralaryngeal Paratracheal - above suprasternal notch Perithyroidal Precricoid (Delphian) Pretracheal - above suprasternal notch Cervical, NOS Deep cervical, NOS Internal jugular NOS: Regional lymph node, NOS	^	*	RN	RN
110	Single positive ipsilateral regional node: Level I: Level IA - Submental Level IB - Submandibular (submaxillary), sublingual Level III - Middle jugular: Middle deep cervical Level IV - Lower jugular: Jugulo-omohyoid (supraomohyoid) Lower deep cervical Virchow node Retropharyngeal	^	*	D	RN
120	Single positive ipsilateral regional node: Level V - Posterior triangle group: Level VA - Spinal accessory	^	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
120 cont'd	<p>Level VB - Transverse cervical, supraclavicular (see Note 4):</p> <p>Level VII - Superior mediastinal group (for other mediastinal nodes see CS Mets at DX):</p> <p>Esophageal groove</p> <p>Paratracheal - below suprasternal notch</p> <p>Pretracheal - below suprasternal notch</p> <p>Other groups:</p> <p>Facial:</p> <p>Buccinator (buccal)</p> <p>Mandibular</p> <p>Nasolabial</p> <p>Parotid:</p> <p>Infraauricular</p> <p>Intraparotid</p> <p>Periparotid</p> <p>Preparotid</p> <p>Parapharyngeal</p> <p>Retroauricular (mastoid)</p> <p>Suboccipital</p>	^	*	D	D
180	Stated as N1 with no other information on regional lymph nodes	^	*	RN	RN
190	Stated as N2a with no other information on regional lymph nodes	^	*	RN	RN
200	Multiple positive ipsilateral nodes listed in code 100	^	*	RN	RN
210	Multiple positive ipsilateral nodes, any listed in code 110 WITH or WITHOUT nodes listed in code 100	^	*	D	RN
220	Multiple positive ipsilateral nodes, any listed in code 110 WITH or WITHOUT nodes listed in code 100	^	*	D	D
290	Stated as N2b with no other information on regional lymph nodes	^	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
300	Positive ipsilateral nodes listed in code 100, not stated if single or multiple	^	*	RN	RN
310	Positive ipsilateral nodes listed in code 110, not stated if single or multiple	^	*	D	RN
320	Positive ipsilateral nodes listed in code 120, not stated if single or multiple	^	*	D	D
400	Positive bilateral or contralateral nodes listed in code 100	^	*	RN	RN
410	Positive bilateral or contralateral nodes, any listed in code 110 WITH or WITHOUT nodes listed in code 100	^	*	D	RN
420	Positive bilateral or contralateral nodes, any listed in code 120 WITH or WITHOUT nodes listed in code 100 or 110	^	*	D	D
490	Stated as N2c with no other information on regional lymph nodes	^	*	RN	RN
500	Positive nodes listed in code 100, not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	^	*	RN	RN
510	Positive nodes listed in code 110, not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	^	*	D	RN
520	Positive nodes listed in code 120, not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	^	*	D	D
600	Stated as N2 [NOS] with no other information on regional lymph nodes	^	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
700	Stated as N3 with no other information on regional lymph nodes	^	*	RN	RN
800	Lymph nodes, NOS	N1	N1	RN	RN
999	Unknown; regional lymph nodes not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	NX	U	U

^ For CS Lymph Nodes codes 100-700 ONLY, the N category for AJCC 7 staging is assigned based on the value of CS Site-Specific Factor 1, Size of Lymph Nodes, as shown in the Lymph Nodes Size Table for this schema.

* For CS Lymph Nodes codes 100-700 ONLY, the N category for AJCC 6 staging is assigned based on the value of CS Site-Specific Factor 1, Size of Lymph Nodes, as shown in the Lymph Nodes Size Table for this schema.

Larynx Other
CS Lymph Nodes Eval
See Standard Table

Larynx Other
Regional Nodes Positive
See Standard Table

Note: Record this field even if there has been preoperative treatment.

Larynx Other
Regional Nodes Examined
See Standard Table

Larynx Other
CS Mets at DX

Note: Supraclavicular and transverse cervical lymph nodes are coded in CS Lymph Nodes because they are categorized as N rather than M in AJCC TNM.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No distant metastasis	M0	M0	NONE	NONE
10	Distant lymph node(s): Mediastinal (excluding superior	M1	M1	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
10 cont'd	mediastinal nodes) Distant lymph node(s), NOS	M1	M1	D	D
40	Distant metastases except distant lymph node(s) Carcinomatosis	M1	M1	D	D
50	40+10 Distant metastasis plus distant lymph node(s)	M1	M1	D	D
60	Distant metastasis, NOS Stated as M1 with no other information on distant metastasis	M1	M1	D	D
99	Unknown; distant metastasis not stated Distant metastasis cannot be assessed Not documented in patient record	M0	MX	U	U

Larynx Other**CS Mets Eval****See Standard Table**

Note: This item reflects the validity of the classification of the item CS Mets at DX only according to the diagnostic methods employed.

Larynx Other**CS Site-Specific Factor 1****Size of Lymph Nodes****Note: See page A-96**

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-979	001 - 979 millimeters (mm); (Exact size of lymph node to nearest mm)
980	980 mm or larger; (Includes cases converted from codes 981-989 during conversion)

980 cont'd	to V0200)
981-987	OBSOLETE DATA CONVERTED V0200; See code 980; 981 - 987 mms
988	Not applicable: Information not collected for this case; (If this item is required by your standard setter, use of code 988 will result in an edit error)
989	OBSOLETE DATA CONVERTED V0200; See code 980; 989 mm or larger
990	Microscopic focus or foci only and no size of focus given
991	Described as "less than 1centimeter (cm)"
992	Described as "less than 2cm" or "greater than 1cm" or "between 1cm and 2cm"
993	Described as "less than 3cm" or "greater than 2cm" or "between 2cm and 3cm"
994	Described as "less than 4cm" or "greater than 3cm" or "between 3cm and 4cm"
995	Described as "less than 5cm" or "greater than 4cm" or "between 4cm and 5cm"
996	Described as "less than 6cm" or "greater than 5cm" or "between 5cm and 6cm"
997	Described as "more than 6cm"
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph nodes involved Not documented in patient record